SEP 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 28705

Registered No. 17

1. PLACE OF DEATH
County: Caldwell
Township: Davis
City: Braymer (No. ..., ..., St. ..., Ward)
Registration District No. 93
Primary Registration District No. 4055

2. FULL NAME 206 Arron Robert Cox

(a) Residence, No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Missouri Belle Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 19, 1867

7. AGE: Years 71 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Nov. 1935
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kingston Missouri

FATHER
13. NAME: Enoch Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Jane Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Mrs Robert Cox
(ADDRESS) Braymer, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ever-green DATE: Aug. 15, 1939

19. UNDERTAKER: Bernard F. Mead
(ADDRESS) Braymer, Missouri.

20. FILED: Aug 15, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 13, 1939.

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to August 12, 1939
I last saw him alive on August 12, 1939. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset Unknown

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Other contributory causes of importance:
Secondary anemia — Unknown

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) John R. Crank, M. D.
(Address) Braymer, Missouri

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

13/10

RECEIVED
District Health Officer No. 11
District File Number 1039 — 1230
Date Filed SEP 22 1939